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# State of Washington

## **Behavioral Risk Factor Surveillance System Questionnaire 1988**

Washington State Department of Health  
Center for Health Statistics  
and  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Office of Adult and Community Health  
Behavioral Surveillance Branch

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Washington State Department of Health  
Center for Health Statistics

**1988 Behavioral Risk Factor Surveillance System Questionnaire**

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**SECTION A: SEAT BELTS**

1. First I'd like to begin by asking you about using seat belts. How often do you use seat belts when you drive a car or ride in a car, would you say ...

READ 1-5:

Always	1
Nearly always	2
Sometimes	3
Seldom	4
or Never	5
-----	
Don't know/Not sure	7
Never drive/ride in a car	8
Refused	9

**SECTION B: HYPERTENSION**

2. These next questions are about hypertension or high blood pressure. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.

SKIP TO SECTION C (Q.7) <-----	No	1
	Yes, by doctor	2
	Yes, by nurse	3
	Yes, by other health professional	4
SKIP TO SECTION C (Q.7) <-----	Don't know/Not sure	7
	Refused	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

More than once	1
Only once	2
Don't know/Not sure	7
Refused	9

4. Is any medicine currently prescribed for your high blood pressure?

	Yes	1
	No	2
SKIP TO Q.6<-----	Don't know/Not sure	7
	Refused	9

5. Are you currently taking medicine for your high blood pressure?

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY," IF NECESSARY. IF ANSWER IS "YES," USE "YES, ALL OR MOST OF THE TIME."

Yes, all or most of the time	1
Yes, occasionally	2
No	3
Don't know/Not sure	7
Refused	9

6. As far as you know, is your blood pressure presently normal – or under control – or is it still high?

NOTE: NORMAL OR UNDER CONTROL INCLUDES “RETURNED TO NORMAL” AND “NO LONGER HAVE HIGH BLOOD PRESSURE.”

Normal	1
Under control	2
Still high	3
Don't know/Not sure	7
Refused	9

SECTION C: EXERCISE

7. The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

CONTINUE WITH Q.8 <-----	Yes	1
	No	2
SKIP TO SECTION D (Q.17) <-----	Don't know/Not sure	7
	Refused	9

8. What type of physical activity or exercise did you spend the most time doing during the past month?

SKIP TO Q.13 <----- Refused 99

OFFICE ONLY:  
SEE CODING LIST A - ACTIVITY

IF ANSWER TO Q.8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ASK Q.9

9. How far did you usually (walk) (run) (jog) (swim)? RECORD BELOW.

OFFICE:  
SEE CODING LIST B  
IF RESPONSE IS NOT  
IN MILES AND TENTHS.

Miles and tenths	— — .
Don't know/Not sure	77.7
Refused	99.9
Other:	_____

10. How many times per week or per month did you take part in this activity? RECORD BELOW.

Times per week	1 ___/week
Times per month	2 ___/month
Don't know/Not sure	777
Refused	999

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it?  
RECORD BELOW.

	hrs.	min.
Don't know/Not sure	77	7
Refused	99	9

12. Was there another physical activity or exercise that you participated in during the last month?

ASK Q.13 < -----	Yes	1
	No	2
SKIP TO SECTION D (Q.17) <-----	Don't know/Not sure	7
	Refused	9

13. What other type of physical activity gave you the next most exercise during the past month?

SKIP TO SECTION D (Q.17) <-----	Refused	99
---------------------------------	---------	----

OFFICE ONLY:  
SEE CODING LIST A - ACTIVITY

ASK ONLY IF ANSWER TO Q.13 IS RUNNING, JOGGING, WALKING, OR SWIMMING.  
ALL OTHERS GO TO Q.15.

14. How far did you usually walk/run/jog/swim? RECORD BELOW.

OFFICE:  
SEE CODING LIST B  
IF RESPONSE IS NOT  
IN MILES AND TENTHS.

Miles and tenths	— . —
Don't know/Not sure	77.7
Refused	99.9
Other:	_____

15. How many times per week or per month did you take part in this activity? RECORD BELOW.

Times per week	1 ___/week
Times per month	2 ___/month
Don't know/Not sure	777
Refused	999

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it?  
RECORD BELOW.

	hrs.	min.
Don't know/Not sure	77	7
Refused	99	9

SECTION D: DIET

17. About how much do you weigh without shoes? RECORD BELOW.

	___ ___ ___ pounds
Don't know/Not sure	777
Refused	999

18. About how tall are you without shoes? RECORD BELOW.

	___ ft. ___ inches
Don't know/Not sure	777
Refused	999

19. Are you now trying to lose weight?

ASK Q. 20 < -----	Yes	1
SKIP TO Q.22 ←	No	2
	Refused	9

20. Are you eating fewer calories to lose weight?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

21 Have you increased your physical activity to lose weight?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

22. How often do you usually add salt to your food at the table, would you say ... READ 1-4:

Most of the time	1
Sometimes	2
Rarely	3
or Never	4
.....	
Don't know/Not sure	7
Refused	9

23. Overall, would you say your diet is high, medium, or low in fiber? RECORD BELOW.

24. Overall, would you say your diet is high, medium, or low in fat?

	(71)	(72)
	Q.23	Q.24
	<u>Fiber</u>	<u>Fat</u>
High	1	1
Medium	2	2
Low	3	3
Don't know/Not sure	7	7
Refused	9	9

## SECTION E: TOBACCO USE

25. Now I would like to ask you a few questions about tobacco products. Have you smoked at least 100 cigarettes in your entire life?

NOTE: 100 CIGARETTES = 5 PACKS.

SKIP TO Q.29 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

26. Do you smoke cigarettes now?

ASK Q.27< ----- SKIP TO Q.29< -----	Yes	1
	No	2
	Refused	9

27. On the average, about how many cigarettes a day do you now smoke? RECORD # OF CIGARETTES BELOW.

	( # OF CIGARETTES)	— —
NOTE: 1 PACK = 20 CIGARETTES	Don't smoke regularly	88
	Refused	99

28. Have you stopped smoking for a week or more sometime during the past year?

Yes	1
No	2
Refused	9

29. Have you ever used or tried any smokeless tobacco products, such as chewing tobacco or snuff?  
PROBE FOR CHEWING TOBACCO, SNUFF OR BOTH.

SKIP TO SECTION F (Q.31) ←	Yes, chewing tobacco	1
	Yes, snuff	2
	Yes, both	3
	No, neither	7
	Don't know/Not sure	8
	Refused	9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? PROBE FOR CHEWING TOBACCO, SNUFF OR BOTH.

NOTE: "Yes" INCLUDES OCCASIONAL USE.

Yes, chewing tobacco	1
Yes, snuff	2
Yes, both	3
No, neither	4
Don't know/Not sure	7
Refused	9

## SECTION F: ALCOHOL CONSUMPTION

31. These next few questions are about the use of beer, wine, or liquor – all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

Have you had any beer, wine or liquor during the past month, that is, since \_\_\_\_\_?  
(DATE)

SKIP TO Q.34 < -----	Yes	1
	No	2
	Refused	9

32. During the past month, how many days per week or per month did you drink any beer?  
RECORD BELOW.

days/week: 1 \_\_\_\_

days/month: 2 \_\_\_\_

SKIP TO Q.34 < -----	Never/None	888
	Don't know/Not Sure	777
	Refused	999

33. On the days when you drank beer, about how many beers did you drink on the average?  
RECORD BELOW.

	____ beers
Don't know/Not sure	77
Refused	99

34. Also, during the past month, how many days per week or per month did you drink any wine?  
RECORD BELOW.

days/week: 1 \_\_\_\_

days/month: 2 \_\_\_\_

SKIP TO Q.36 < -----	Never/None	888
	Don't know/Not sure	777
	Refused	999



35. On the days when you drank wine, about how many glasses of wine did you drink, on average?  
RECORD BELOW.

	___ glasses
Don't know/Not sure	77
Refused	99

36. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum, or whiskey? RECORD BELOW.

days/week:	1 ___
days/month	2 ___
SKIP TO Q.38< -----	
Never/None	888
Don't know/Not sure	777
Refused	999

37. On the days when you drank any liquor, about how many drinks did you have, on the average?  
RECORD BELOW.

	___ drinks
Don't know/Not sure	77
Refused	99

38. Considering all types of alcoholic beverages, that is, beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? RECORD BELOW.

	___ times
None	88
Don't know/Not sure	77
Refused	99

39. And during the past month, how many times have you driven when you've had perhaps too much to drink? RECORD BELOW.

	___ times
None	88
Don't know/Not sure	77
Refused	99

## SECTION G: PREVENTIVE HEALTH PRACTICES

40. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup, would you say it was ... READ 1-4

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years ago	4
.....	
Don't know/Not sure	7
Never	8
Refused	9

41. These next questions are about blood cholesterol, which is a fatty substance found in the blood.  
Have you ever had your blood cholesterol checked?

ASK Q. 42 < -----	Yes	1
SKIP TO Q.45 < -----	No	2
	Don't know/Not sure	7
	Refused	9

42. About how long has it been since you last had your blood cholesterol checked, would you say it was ... READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years ago	4
.....	
Don't know/Not sure	7
Never	8
Refused	9

43. Have you ever been told your blood cholesterol level, in numbers?

ASK Q.44 < -----	Yes	1
SKIP TO Q.45 < -----	No	2
	Don't know/Not sure	7
	Refused	9

44. What is your blood cholesterol level? RECORD NUMBER BELOW.

Don't know/Not sure	___
Refused	777
	999

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

46. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level?

ASK Q.47 < -----	Yes	1
SKIP TO Q.48 < -----	No	2
	Don't know/Not sure	7
	Refused	9

47. Did the doctor ... READ a - c:

- a. Prescribe a medication to lower your blood cholesterol?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b. Provide you a low fat or low cholesterol diet?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

c. Refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

48. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

49. Now, I'd like to ask you about getting your blood pressure checked. About how long has it been since you last had your blood pressure taken by a doctor or other health professional; was it ... READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years ago	4

SKIP TO Q. 52 < -----

Don't know/Not sure	7
Never	8
Refused	9

50. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in number?

ASK Q. 51 < -----

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SKIP TO Q. 52 < -----

51. What was your blood pressure, in numbers? RECORD THE NUMBERS:

Don't Know/Not sure	____ / ____	7
Refused		9

NOTE: MALES - SKIP TO Q. 62 (PAGE 12):

FEMALES ONLY - ASK Q. 52-61

52. These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

Have you ever heard of a mammogram?

SKIP TO Q.56 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

53. Have you ever had a mammogram?

SKIP TO Q.56 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

54. About how long has it been since you had your last mammogram, would you say it was ...  
READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years ago	4
.....	
Don't know/Not sure	7
Never	8
Refused	9

55. Was your last mammogram done as part of a routine checkup, because of a breast problem or because you've already had breast cancer?

Routine checkup	1
Breast problem	2
Had breast cancer	3
Don't know/Not sure	7
Refused	9

56. Do you know how to examine your own breasts for lumps?

SKIP TO Q. 58 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

57. About how often do you examine your breasts for lumps? PROBE TO FIT.

Times per day	1	___	___
Times per week	2	___	___
Times per month	3	___	___
Times per year	4	___	___
Never			888
Don't know/Not sure			777
Refused			999

58. The next few questions are about certain kinds of medical tests and examinations.

Have you ever Heard of a Pap smear test? (IF NEEDED: "This is usually done during a pelvic exam, when , your doctor examines your womb.")

ASK Q. 59 < -----	Yes	1
	No	2
SKIP TO Q. 61 < -----	Don't know/Not sure	7
	Refused	9

59. Have you ever had a Pap smear?

ASK Q. 60 < -----	Yes	1
	No	2
SKIP TO Q. 61 < -----	Don't know/ Not sure	7
	Refused	9

60. When was the last time you had a Pap, smear, was it ... READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
Or more than 5 years	4
.....	
Don't know/Not sure	7
Refused	9

61. Have you had a hysterectomy?

IF NEEDED: "This is an operation to remove the uterus."

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MALES & FEMALES:

SECTION H: INJURY CONTROL AND CHILD SAFETY

62. Is there a working smoke detector in you household?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

63. In the past twelve months, have you, or has anyone in your household, used a thermometer to test the temperature of the hot water?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

64. What is the age of the youngest child in your household? RECORD EXACT AGE; IF 01-10, ASK Q. 65-67; IF 11 OR OVER, SKIP TO Q. 68.

	(AGE)	
SKIP TO Q.68 < -----	No children in household	88
	Don't know/Not sure	77
	Refused	99

65. (YOUNGEST CHILD AGE 10 OR UNDER: ) Do you have the telephone number for a Poison Control Center in your area?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

66. There is a medication called Ipecac [PRONOUNCED: IP-ih-kak] Syrup, which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in your household?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

67. When riding in a car, how often is the youngest child buckled in a car safety seat or seatbelt; would you say ... READ 1-5:

All the time	1
Most of the time	2
Sometimes	3
Rarely	4
Or never	5
.....	
Don't know/Not sure	7
Refused	9

SECTION I: SMOKING IN RESTAURANTS

68. These next questions are about smoking areas in restaurants. When you eat in a restaurant, do you prefer to sit in the non-smoking section?

ASK Q. 69 < -----	Yes	1
	No	2
SKIP TO Q. 70 < -----	Don't know/Not sure	7
	Never eat in restaurant	8
	Refused	9

69. How often is it difficult for you to find non-smoking seating in restaurants; would you say ... READ 1-5:

Always	1
Nearly always	2
Sometimes	3
Seldom	4
Or never	5
.....	
Don't know/Not sure	7
Refused	9

AFTER DEMOGRAPHICS, RECORD TIME:       __ __
---

SECTION J: DEMOGRAPHICS

70. And finally, these next few questions ask for a little more information about yourself.

How old were you on your last birthday? RECORD AGE IN YEARS.

	__ __ years
Don't know/Not sure	07
Refused	09

71. Is your race, would you say ... READ 1-4:

White	1
Black	2
Asian, Pacific Islander	3
Aleutian, Eskimo, Native American	4
.....	
Some other (SPECIFY):	
_____	5
Don't know/Not sure	7
Refused	9

72. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

73. What is the highest grade or year of school you completed? READ ONLY IF NECESSARY.

8th grade or less	1
Some high school	2
High school graduate or GED certificate	3
Some technical school	4
Technical-school graduate	5
Some college	6
College graduate	7
Post graduate or professional degree	8
.....	
Refused	9

74. Are you currently ... READ 1-7:

Employed for wages	1
Self employed	2
Out of work more than 1 year	3
Out of work less than 1 year	4
A homemaker	5
A student	6
Or retired	7
.....	
Refused	9



75. And are you ... READ 1-6:

Married	1
Divorced	2
Widowed	3
Separated	4
Never married	5
Or a member of an unmarried couple	6
.....	
Refused	9

76. Which of the following categories best describe your annual household income from all sources ...  
READ 1-8:

Less than \$10,000	1
\$10 - \$15,000	2
\$15 - \$20,000	3
\$20 - \$25,000	4
.....	
\$25 - \$35,000	5
\$35 - \$50,000	6
Or over \$50,000	8
.....	
Don't know/Not sure	7
Refused	9

77. RECORD SEX:

MALE	1
FEMALE	2

78. ASK THIS QUESTION ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE (SEE Q. 70 FOR AGE). ALL OTHERS, SKIP TO TO Q. 81:

To your knowledge, are you now pregnant?

ASK Q. 79 < -----	Yes	1
	No	2
SKIP TO Q. 80 < -----	Don't know/Not sure	7
	Refused	9

79. During what month is your baby due?

January	01
February	02
March	03
April	04
May	05
June	06
July	07
August	08
September	09
October	10
November	11
December	12
Don't know/Not sure	77
Refused	99

80. ( IF RESPONDENT IS NOT PREGNANT: ) Are you currently taking birth control pills?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

81. How many telephone numbers will reach this household, including the number I used today?  
RECORD BELOW.

NOTE: DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS, IF  
NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD.

Total Telephone Numbers: \_\_\_\_\_

### CLOSING STATEMENT

That's my last question. Let me emphasize that your answer cannot be identified with your name.  
Everyone's answers will be combined to give us information about the health practices of people in this  
state.

Thank you very much for your time and cooperation.

COUNTY: \_\_\_\_\_

CODE:   0        

RECORD TIME - MIDDLE OF PAGE 13.